

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90003 008 ***150.00

DOCUMENT # F91357

1. Entity Name
JOHN N. MAXWELL, D.V.M., P.A.



Principal Place of Business
**3400 DUNDEE ROAD
WINTER HAVEN, FL 33884**

Mailing Address
~~3400 DUNDEE ROAD~~
~~WINTER HAVEN, FL 33884~~

40051440

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
602 Horseshoe Ct. NE
Suite, Apt. #, etc.

City & State
Winter Haven, FL

Zip
33881-5716

Country
U.S.A.

02052007 Chg-P CR2E034 (12/06)

4. FEI Number
59-2207333

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CASEY, ALLAN L., ESQ.
395 AVE. C. N.W.
WINTER HAVEN, FL 33881**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAXWELL, JOHN N DVM 3400 DUNDEE RD WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE John N. Maxwell DVM **3/6/07** **863-291-3819**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #